TRANSMITTAL UNDER 37 CFR 1.53(b)			ATTORNEY DOCKET 85183SHS Customer No. 01333		
To: Commissioner for Patents			Express Mail Label No.		
P.O. Box 1450					
Alexandria, VA. 22313-1450			EV293509712US		
DIGITAL ONE-TIME-USE CAMERA SYSTEM			Date: Oct	ober 17, 2003	of 6
First Named Inventor (or Application Identifier):					U.S. F 3803
Joseph A. Manico, et al			·		6235 10/68
Enclosed are:  1. X Specification			6. X Assignment of the invention to Eastman Kodak Company		
2. Sheet(s) of drawing(s)			7. Certified copy of a priority		
3. X Information Disclosure Statement Under 37 CFR			8. Associate Power of Attorney		
<ul> <li>4. Combined Declaration for Patent Application and Power of Attorney:</li> <li>4a. X New</li> </ul>					
4b. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)					
5. <u>Incorporation by F</u>	9. <u>Deletion of Inventor(s)</u> .				
checked) The entire disclosure of the prior application, from Signed statement attached deleting inventor(s) named					
which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying 1.33(b).					
application and is hereby incorporated by reference therein.					
10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,					
after the title, by inserting the following:					
CROSS REFERENCE TO RELATED APPLICATION  Reference is made to and priority claimed from U.S. Provisional Application Serial No.,					
filed, entitled.					
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:					
11. Continuation Divisional Continuation-in-part (CIP) of prior application No:					
12. X Please address all written communications to Thomas H. Close, Patent Legal Staff,					
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.					
Please Direct all telephone calls to Stephen H. Shaw at 585-477-7419.					
The filing fee has been calculated FOR:	NO. FILED	NO. EXTRA	A RATE	FEE	
BASIC FEE	NO: TIELD	NO. EXTRA	KATE	\$ 770	
TOTAL CLAIMS	33 - 20 =	13	x 18 =	\$ 234	
INDEPENDENT CLAIMS	5 - 3 =	2	x 86 =	\$ 172	
MULTIPLE DEPENDEN	IT CLAIM PRESEN	ITED	+ 290	\$0	
			TOTAL	\$ 1176	
X Please charge my Eastman Kodak Company Deposit Account No. <u>05-0225</u> in the amount of \$ 1176					
A duplicate copy of this sheet is enclosed					
X The Commissioner is hereby authorized to charge any additional filing fees required under					
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. <u>05-0225</u> .  A duplicate copy of this sheet is enclosed.					
A duplicate copy of this sheet is enclosed.					
		Tenhend. 10 hand			
			orney for Applicants		
			gistration No. 4	5,404	
Facsimile: 585-477-4646					